

MDR Tracking Number: M5-04-1148-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on December 22, 2003.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the majority of the medical necessity issues. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The electrical stimulation, massage therapy, ultrasound, therapeutic activities, 99212-MP-OV for established patient-10 minutes with manipulation, 99204-OV for new patient –45 minutes and 99213-OV for evaluation –15 minutes from 04-24-03 through 06-20-03 were found to be medically necessary. The electrical stimulation, massage therapy, ultrasound, therapeutic activities, 99212-MP-OV for established patient-10 minutes with manipulation, 99204-OV for new patient –45 minutes and 99213-OV for evaluation –15 minutes from 07-08-03 through 09-30-03 were not found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20-days of receipt of this Order. This Order is applicable to dates of service 04-24-03 through 06-20-03 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 27<sup>th</sup> day of February.

Patricia Rodriguez  
Medical Dispute Resolution Officer  
Medical Review Division  
PR/pr

## **NOTICE OF INDEPENDENT REVIEW DETERMINATION**

February 18, 2004

MDR Tracking Number: M5-04-1148-01  
IRO Certificate Number: 5259

An independent review of the above-referenced case has been completed by a chiropractic doctor.

The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by \_\_\_\_ or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

\_\_\_\_ hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to \_\_\_\_.

### **CLINICAL HISTORY**

Patient received physical medicine treatments after injuring neck and shoulder after lifting a box off an overhead shelf on \_\_\_\_.

### **REQUESTED SERVICE (S)**

Electrical stimulation, massage therapy, ultrasound, therapeutic activities, 99212-MP-OV for established patient-10 minutes with manipulation, 99204-OV for new patient-45 minutes, 99213-OV for evaluation- 15 minutes from 04/24/03 through 09/30/03.

### **DECISION**

All care from 04/24/03 through 06/20/03 is approved. All care after 06/20/03 is denied.

### **RATIONALE/BASIS FOR DECISION**

The medical records dramatically demonstrate that there was no significant improvement in the patient's condition during the time period from 04/24/03 to 09/30/03. Nevertheless, an eight-week course of conservative care was indicated based on the history and examination records provided. However, after eight weeks and with little or no response to care, the additional care after 06/20/03 was not medically necessary since the patient obtained no relief from the treatments, promotion of recovery was not accomplished and there was no enhancement of the employee's ability to return to or retain employment.